

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

FOR THE MONTH OF NOVEMBER 2012Date: November 30, 2012CONTRACTOR: CERTIFIED CONSTRUCTION, INC.ADDRESS: 1009 Ulupono StreetContract No. 61257 []City, State ZIP: Honolulu, Hawaii 96819DAGS Job No. 12-20-2649PROJECT TITLE: Waimano Ridge Hale Complex, Reroof**CONTRACT**Basic Contract Amount \$ 1,098,885.00**CHANGE ORDERS**Total \$ -Adjusted Contract Amount \$ 1,098,885.00**WORK ACCOMPLISHED**

WORK ACCOMPLISHED	Basic Contract	Change Order	Total
Completed to Date 18.21%	\$ <u>200,070.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>200,070.00</u>
Retained REDUCED []	\$ <u>10,003.00</u>	\$ <u>-</u>	\$ <u>10,003.00</u>
Amount Subject to Payment	\$ <u>190,067.00</u>	\$ <u>-</u>	\$ <u>190,067.00</u>
Payments to Date	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due	\$ <u>190,067.00</u>	\$ <u>-</u>	\$ <u>190,067.00</u>

Payment No. **FINAL** [] 1

Remarks:

FOR INSPECTION BRANCH USE	
<input checked="" type="checkbox"/> SUBMITTAL REGISTER	<input checked="" type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input checked="" type="checkbox"/> PROJECT SCHEDULE	<input checked="" type="checkbox"/> PAYROLL AFFIDAVITS
MONTHLY ESTIMATE CHECKLIST	
<input checked="" type="checkbox"/> PROJECT NAME AND LOCATION	<input checked="" type="checkbox"/> CONTRACT NUMBER
<input checked="" type="checkbox"/> ALL SIGNATURES	<input checked="" type="checkbox"/> PROJECT ACCEPTANCE
<input checked="" type="checkbox"/> AIR COND & FAHNT ACPT DONE	

1. Computed and Checked by:

3. Recommended: [Signature] Project Inspector or EngineerDate: 12/11/124. Recommended: [Signature] Area Engineer/ArchitectDate: 12/11/125. Approved: [Signature] Branch Chief or District EngineerDate: DEC 17 2012

The Public Works Administrator certifies that change orders have been issued and the work performed.

[Signature] DEC 17 2012

State Public Works Administrator

Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii.

CERTIFIED CONSTRUCTION, INC.

Name of Contractor

By signature / Title:

[Signature] 11/30/12

Date

For the Month of: NOVEMBER 2012

Contract No.: 61257
DAGS Job No.: 12-20-2649

[illegible]

I certify that the above retentions are correct for this request.

Checked/Verified by:

11/30/12

Date _____

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

NOTE: CONTRACTOR RETAIN 5% FROM SUBCONTRACTOR

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 1

PROJECT TITLE: WAIMANO RIDGE - HALE COMPLEX, REROOF

BILLING MONTH: November-12

DAGS JOB NO.: 1 2-20-2649

CONTRACT NO.: 61257

CONTRACTOR: CERTIFIED CONSTRUCTION, INC

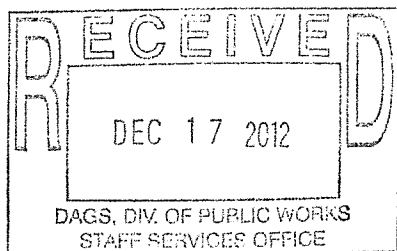
VENDOR CODE: 11385980

Original Contract Payment Suffix: 1, 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B09-410M	\$200,070.00	\$10,003.00	\$190,067.00
Totals:		\$200,070.00	\$10,003.00	\$190,067.00

Change Order Payment Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B11-412M	\$0.00	\$0.00	\$0.00
Totals:				
Grand Total:		\$200,070.00	\$10,003.00	\$190,067.00



Verified By Y Xu DATE 12/18/2012

(This Section for Administrative Services Office Use Only)

Vendor Code 11385980

Cost Code 3A1

Voucher No. 12111N43

Verified By B DEC 21 2012